Vietnam moves forward with harm reduction: An assessment of progress

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Historically, the response of the Vietnamese government to illicit drug use and HIV has been slow and ineffective. However, 2006 saw the government formally endorse harm reduction interventions. This paper examines the views of senior key informants inside Vietnam on the development of an advocacy strategy for harm reduction. Twenty-nine informants were interviewed across public health, public security, social affairs and other international bodies, including United Nations agencies and international non-governmental organisations. Challenges and barriers identified for harm reduction progress included: promoting a nationwide understanding and acceptance of harm reduction and the HIV Law; lack of skilled resources, training programmes and technical capacity; poor coverage of interventions; and gaps in the sharing of information. There is currently a government-led shift in Vietnam in the response to the prevailing HIV epidemic among drug users, but ensuring that the HIV Law can operate unhindered is critical. The implementation of a response to illicit drug use and HIV remains an enormous challenge. With appropriate technical education and training, ongoing advocacy, and a cohesive, coordinated multi-sectoral effort, the capacity of the government and community to adopt, support and promote measures to reduce HIV and other drug-related harms will be markedly strengthened.

Keywords: advocacy; illicit drugs; HIV; policy response; harm reduction

Background

Vietnam has a long historical and cultural connection with illicit drugs. As early as the nineteenth century, British opium began flooding into southern China and then to Vietnam. By 1820, the economic strains of opium addiction resulted in the Vietnamese monarchy outlawing opium (McCoy 1991, Le 1999), but this proved ineffective and estimates of drug use prevalence were high; by 1945 it was estimated that 2% of the population was dependent on opium (Nguyen 1998). More recently, it was estimated that in 1997 the government-registered number of drug users was 70,000 and by 2004 this number had increased to 170,000 nationwide (Ministry of Public Security 2005). Other estimates of drug users have ranged between 200,000 and 500,000 (Drug Enforcement Administration Intelligence Division 2003). The exact number of injecting drug users (IDUs) is elusive but current estimates range from a low of 70,000 to a high of 156,000 (Aceijas et al. 2004).
The increasingly widespread practice of injecting drugs, particularly unsafe injecting and specifically the practice of sharing syringes (Lam 2003, Anh and Giang 2004, United Nations Country Team 2004) has been the primary reason for Vietnam’s HIV epidemic. At the end of 2005, the number of reported HIV cases in Vietnam was 102,000. By far the largest population of HIV infected people in Vietnam in 2005 was among IDUs (accounting for 53% of all reported HIV infections). The HIV prevalence rates in 2004 among IDUs stood at 32% (Ministry of Health 2006a), but in some places the figure had reached 70% (Nguyen et al. 2004). The movement of HIV infection from IDUs and sex workers to others in society is underway, with an estimated 40,000 Vietnamese newly infected each year (UNAIDS and WHO 2006).

Vietnam’s response to address the dual epidemics of drug use and HIV throughout the 1990s was slow, and support for harm reduction was not uniform, as some local governments were more supportive than others (Reid and Costigan 2002). Ho Chi Minh City was the first to establish a formal needle and syringe programme (NSP) in 1995, but expansion of such interventions was limited (Crofts et al. 1998). Harm reduction programmes were of short duration (2–3 years), pilot in nature and dependent on international funding: once funding ceased, local resources could not sustain such programmes (Vu Doan 2001). Vietnam’s methadone maintenance treatment (MMT) programmes first commenced in 1996/1997, but despite the supportive local and international evidence, they were soon discontinued (Macfarlane Burnet Institute for Medical Research 2001). As of 2006, it was reported that harm reduction programmes (comprised of needle and syringe distribution, peer education, behavioural change communication, condom distribution and voluntary counselling and testing) were found in 21 of the 64 provinces but coverage was not universal (Ministry of Health 2006a).

In 2006, the Asia Regional HIV/AIDS Project (ARHP), an Australian Government initiative, began an advocacy strategy for harm reduction in Vietnam with the aim of identifying core advocacy needs and of making recommendations on the adoption of harm reduction interventions to prevent the spread of HIV in Vietnam.

The focus of this paper is to provide a synthesis of the data collected during key informant interviews that highlight the expansion of harm reduction measures and increased acceptance of harm reduction in Vietnam but note that major challenges remain to be addressed.

Methods

Senior key informants representing stakeholder organisations involved in harm reduction in Vietnam’s two largest cities, Hanoi and Ho Chi Minh City, were identified with two Vietnam National Project Coordinators based in Hanoi. The list of stakeholder organisations was reviewed by AusAID in Vietnam and shared with other selected stakeholder organisations for further suggestions. Each stakeholder was contacted by telephone or received a formal invitation letter outlining the focus of the meeting. Twenty-nine key informants, representing 22 stakeholder bodies, were selected from the government public health sector, public security sector, labour and social affairs, international agencies, such as WHO, UNODC and UNAIDS, international non-governmental organisations and government mass organisations.
The final decision as to who was to be interviewed was made by the stakeholder body based on seniority or knowledge of the issues.

In order to gain new insights and explore opinions and perceptions towards harm reduction interventions, discussions were conducted with stakeholders from the government, public health and public security sectors, international multilateral agencies and the international non-governmental sector. Discussions included: an assessment of the understanding of the concept of harm reduction and associated interventions; assessment of existing support for the policy of harm reduction and adoption of practices; identification of the challenges or barriers experienced; and the consideration of suggestions towards facilitating and strengthening the capacity of the government and communities to reduce drug-related harm.

To encourage a more open dialogue, none of the interviews were audio recorded; instead a written transcript of each meeting was undertaken by the interviewer. All participants were informed that no names would be documented in the report, and that only their sector, agency or organisation affiliation would be identified. Fifteen of the 22 interviews required the assistance of interpreters, both of whom were familiar with the themes for discussion.

Results

Understanding of harm reduction and different interventions

Overall, interviewees were able to describe the principles of harm reduction as applied to reducing the spread of HIV among drug users. However, across all sectors, few participants articulated or elaborated on the need to provide a comprehensive package of services to address adverse medical, social and economic consequences of drug use.

Of the many and varied harm reduction interventions for HIV prevention among drug users, respondents most often commented on the need for NSPs, followed by condom provision, information, education and communication materials:

... we support the provision of clean needles to drug users [to] prevent sharing of used needles. (PC17, Department for Drug and Crime Prevention, DPS Ho Chi Minh City)

Interestingly, substitution therapy programmes, specifically methadone, were also mentioned, although at the time of these interviews, substitution therapy was not available in Vietnam:

They need to be provided with substitution drugs so they can stop using heroin and injecting. (Department of Social Affairs of National Assembly's Bureau)

Interviewees remarked upon the need for care, support and treatment for HIV IDUs, accessibility of primary health care services, and job training and work opportunities for drug users. Interestingly, some suggested sending drug users into government run detoxification and compulsory drug rehabilitation centres, commonly known as 06 centres, as a form of harm reduction. This intervention was considered as beneficial to not only drug users themselves, but also to their families and the wider community:

... 06 centre is a kind of harm reduction intervention. To drug users, it brings benefits such as access to detoxification services, health care, nutrition, rehabilitation, behavioural change and education. It can be said that lives are saved and changed in the 06 centre. (Provincial AIDS Committee of Ho Chi Minh City)
Progress towards the support of harm reduction

Despite awareness of HIV and injection drug use since the mid-1990s in Vietnam (Power 1996), support and adoption of harm reduction has taken time, due largely to legal conflicts and a reluctance to accept the merits of this intervention and concept (Vu Doan 2001):

People find it very hard to accept and so have those that make legislation. The process has been slow, but this is because we in Vietnam are a traditional society and such a concept has been difficult to accept. (Standing Office on Drug Control)

Respondents agreed that Vietnam has witnessed increasing support for harm reduction since 2004, as reflected by the National Assembly’s endorsement of the HIV Law on HIV/AIDS Prevention and Control in 2006, enacted as of 1 January 2007. Interviewees articulated a clear sense of confidence and optimism with what has become commonly known as ‘the HIV Law’:

Now we have a new law, we have something that will provide guidance to implement the programmes. It has been in the past [officially] illegal to hand out needles, but with this new law this will address these concerns. (Ministry of Health, Health Legislation Department)

We lacked the guidance and policy to do the work … a law will give us some direction as to how to address the HIV and drug use issue. (Central Commission of Science & Education)

… before the development of the HIV law there was not a lot of support for harm reduction among those in Ministry of Health … some kind of resistance to it. Since the law there has been a greater interest to get harm reduction in place. (Family Health International)

Identifying the challenges or barriers to harm reduction

Disparate legislation, policy and practise

Interviewees commented on the discrepancy between the existing drug control law and new HIV Law, and identified the challenges of implementing the HIV Law at provincial and district/commune levels of government. However, government respondents emphasised that over time such difficulties could be resolved if the HIV Law and the accompanying Decree (the implementing framework for the HIV Law) were clear, and that implementation was prioritised:

The legislation is not favourable for the implementation of harm reduction in Vietnam … [but] it is true that a new law will prevail over the old law … law enforcement people will enforce a new law once they are aware of it. (Standing Office on Drug Control)

… implementation process needs consideration … in some provinces the law will come down, but may not in fact be a priority for them, thus implementation will be incomplete or not done. (Women’s Union)

Limited understanding of harm reduction

Many respondents highlighted how the limited acceptance of and support for harm reduction stemmed from the fact that the concept was widely misunderstood. This misunderstanding was found not only in the community, but also among various
government sectors responsible for facilitating wider acceptance of the harm reduction concept:

The conceptual understanding of harm reduction for many people from policy makers to those involved in the implementation of the programmes is poor. (UNODC)

Harm reduction is a new concept for the police [and] will take time for the police to accept the concept and understand its importance. (Department of Drug Control of the Police Academy)

**High levels of stigma and discrimination**

Over half the respondents identified stigma and discrimination against drug users and those HIV infected as widespread, especially with regard to those not conforming to traditionally accepted behaviours:

... the general community does not view drug users kindly. Many in the community like the idea of the police crackdown against drug users as they see the arrest of these people results in a decrease of crime and of drug use. (Health Policy Initiative)

**Limited human resources, training programmes and technical capacity**

Interviewees expressed concern for the lack of skilled practitioners from junior to senior levels, across all sectors, as a significant barrier to scaling up a response to the epidemics of drug use and HIV:

We are in need of much technical assistance to implement the various harm reduction approaches and capacity building will be a big issue for us. (Ministry of Labour, Invalids & Social Affairs)

Respondents acknowledged that training programmes focused on drug use and HIV are an area of weakness; a nationwide strategy has yet to be established and existing programmes appeared to address the needs of only a small number of people:

... training programmes are patchy and when I think about the provincial level the training is small scale. (UNAIDS)

Training programmes have been identified in Parliament as something that is necessary. The government does not have a master plan yet as to what to do about the need to increase the number of training programmes. (Department of Social Affairs of National Assembly’s Bureau)

**Limited funds**

Most interviewees identified a lack of funds, across all the sectors, to address the magnitude of the drug use and HIV problem in Vietnam. They focused not only on responding to service needs, but also on financially sustaining the response:

... we have 1200 people inside [06 drug rehabilitation centre] ... some inmates are not always in such good health ... there is around US$0.50 per individual per month for Health Care activities ... the reality is we do not have the funds to build up their nutrition. (Educational Labour Social Centre Number 6, Hanoi Department of Labour and Invalid and Social Affairs)
Difficulty disseminating information

Respondents voiced concerns about the lack of information sharing between stakeholders. Issues surrounding drug use and HIV crossed many sectors, specifically law enforcement and health, but it was often perceived that information of interest to one sector was not of interest to another:

...there is a vertical approach to the way different sectors work and the sectors can often work in isolation and not share what could possibly be good for various sectors. (Standing Office on Drug Control)

Often at the grassroots there is not a clear understanding of their role in HIV prevention and harm reduction...not really understand what they or their counterparts are doing in this area. (Sub-Department of Social Evil Prevention, Department of Labour, Invalids and Social Affairs, HCMC)

Poor coordination of the response and lack of coverage

Many respondents expressed that overall multi-sectoral collaboration and coordination of response was either poor or required improvement. This observation was despite the engagement of various sectors, including law enforcement and health officials, in developing and assisting in the implementation of the new HIV Law, which endorses harm reduction:

Even in the Ministry of Health there can be different departments that deal with preventing and treatment of HIV and they will often not talk to each other although the central theme is HIV. (Health Policy Initiative)

There does seem to be a lack of coordination between the different agencies and ministries such as the public security and those involved in public health. We have a [coordinating] body but it does not seem to coordinate others. Ministry of Health knows only the projects under their control, not others. (Youth Union)

Participants acknowledged that unless programmes were expanded to include a far greater number of drug users, harm reduction services were unlikely to have an impact on the HIV epidemic:

...we accept that only a small number [of drug users] are contacted by services. (Youth Union)

...coverage is probably not wide...negative attitudes have impacted upon implementation [of services]. (Ministry of Health, Health Legislation Department)

...peer education [and] outreach programmes are patchy and the quality of the programmes can be questioned as to how good they are. (UNAIDS)

Socioeconomic factors

Some interviewees emphasised not only the broad ranging problems stemming from Vietnam’s position as a developing nation, such as high unemployment, lack of income, and increasing social and economic hardships for many in society, but also called attention to the country’s limited ability to respond as a resource poor nation:
poverty is a big challenge [and] many drug users have an association with a poor household. Every year an additional 15,000 extra poor people are believed to be found in this country. (Central Commission of Science and Education)

### Responding to the challenges: Strengthening the capacity of the government and communities to reduce drug-related harm

#### Implementing the Law

Interviewees stated that the effectiveness of the HIV Law depends largely on the extent to which the Decree is sufficiently clear to avoid potential misinterpretation. Emphasis was also placed on the need to ensure that mechanisms were in place for the HIV Law and Decree to reach those that need to understand its meaning and implications:

... we need a concrete instructive legal document on how to implement harm reduction ... [the] decree needs to be very clear to avoid misunderstanding so that people interpret the law the same way ... the law is clear, but too general and broad. The decree needs to be more specific. Then we also need to have a circular or inter-circular under the decree ... we lack experience in the legal aspect [in this area]. (Department of Criminal and Administration Law, Ministry of Justice)

Interviewees deemed the involvement and commitment of the law enforcement sector as crucial to the success of the HIV Law and Decree:

It is crucial that the Ministry of Public Security be involved and if the police are not involved all discussions and issues of implementing harm reduction will fail. The police are everywhere and at all levels of the community. People listen to the police so if they hear the police support the concept of the harm reduction then this will go a long way to expand [this] approach. (UNODC)

#### Establishing guidelines

Interviewees emphasised the importance of establishing guidelines for harm reduction interventions in order to achieve a smooth scale-up of HIV intervention programmes. Better guidance as to how to implement such programmes in a practical and professional manner was considered necessary:

We need national guidelines for all the different aspects of harm reduction ... methadone maintenance therapy, needle and syringe program and outreach. Practical guidelines how to implement various programs. (WHO)

#### Sharing the load, taking responsibility, collaboration and coordination

Respondents differed in views as to which sector should take primary responsibility for drug use and HIV. Some respondents believed the responsibilities were clearly distributed, whilst others highlighted an imbalance, suggesting that law enforcement should take greater responsibility towards enabling the implementation of harm reduction services:

... issues with medical approaches will go to Ministry of Health, drug control matters with Ministry of Public Security, and for the post-detoxification management of drug users will be with MOLISA. (C17, Department for Drug and Crime Prevention)
Ministry of Health still believe that only this Ministry that can address the harm reduction problems and it is they who should be doing the task. The reality is this is not true as those from the law enforcement have a dominant role and are a much more powerful ministry. (WHO)

Everyone is talking about harm reduction but it appears that no one really wishes to take responsibility and provide the direction. (Standard Office on Drug Control)

Others believed responsibilities should not be the sole domain of the governmental sector, and welcomed the participation of the non-governmental sector in contributing towards harm reduction efforts:

... development of more local NGOs on harm reduction approaches ... they could provide partnerships with the local government to help out. Local government often have too many things to do and the local NGO can reduce some of these jobs. (Population Services International)

Some respondents commented that improved collaboration among the sectors would lead to greater harmonisation, and consequently to an improvement of the current response:

... government needs to develop a stronger coordinating unit, which with increased capacity could move towards a better allocating of the resources that are currently available. The government body would encourage those working in this field to work with each other in a more cohesive manner than what we see now. (Women’s Union)

**Disseminating information, education and communication**

Interviewees agreed on the need to prioritise communication via mass media and mass organisations, encouraging leaders at the provincial and district levels to disseminate information, education and communication materials focused on harm reduction:

We shall use the mass media to assist us in communication with the community to understand why and how harm reduction is important. We need to make it clear that what we are adopting is based on science and that people who are dependent on drugs have a chronic [medical] disease, they need treatment and assistance. (Central Commission of Science and Education)

**Establishing a skilled workforce**

Interviewees expressed the need for education and training opportunities in all sectors, and at all levels. Suggestions for training topics ranged broadly, from ensuring a greater understanding of harm reduction to learning advocacy approaches. It was noted that building skills required innovation, investment, patience, managing expectations, and the development and expansion of training packages and opportunities appropriate to a specific target sector and audience:

There is a much greater need to better understand drug dependence ... to know about the high relapse and that this is the norm for many drug users. They [Programs and Government] need to manage their own expectations on what can be achieved when working with drug users. (Family Health International)

... police training programs on harm reduction need to be more integrated into the overall training programs conducted at the police academy ... introduce courses on a
greater scale to police at provincial level and district level. (Department of Drug Control of the Police Academy)

Advocacy

Interviewees acknowledged the lack of skills and experience related to harm reduction advocacy inside Vietnam. Opinions as to where advocacy efforts should be implemented were split evenly between directing greater attention towards the provincial and district level and focusing efforts at the higher levels of the central government:

There has been advocacy at the central level, but now the push needs to be focused on the provincial level because the implementation of harm reduction is at the provincial level, and local authorities do not know much about harm reduction. (WHO)

... reach those at the highest level of influence in the country and policy [makers]. The highest can be those that are a part of the political bureaus, and what needs to be presented is short, condensed and the message is well targeted ... Some work has been done but has not been targeted to the right people at the National Assembly such as the executive and legislation branches, who can help to speed up the process. (Health Policy Initiative)

Undertaking a cost–benefit analysis

The lack of funds to undertake necessary harm reduction interventions was a concern for most respondents, as was the way in which funds were used, invested and distributed. Informants considered the need to explore alternative approaches for greater funding effectiveness to be a priority:

There is a lack of economic analysis of the approach done to deal with drug use and HIV. There are 06 centres but many people relapse even after spending a long time in these places. The government needs analysis [of] what they are getting back in return from their investments. When they see the results they may think of better ways to spend the money. (UNAIDS)

Discussion

The Law on HIV/AIDS Prevention and Control provides a legal framework for the implementation of harm reduction interventions, targeting groups with risky behaviours, such as drug users, through programmes and projects (Ministry of Health 2006b). However, the law does state that the implementation of interventions will be subject to economic and social conditions, which might consequently thwart targeted responses.

Concerns over the discrepancy between the existing drug control law and the HIV Law, coupled with inevitable difficulties in implementation cannot be understated. Police crackdowns on drug users were widespread, resulting in fear among drug users in possession of injecting equipment (Devaney et al. 2006, Hammett et al. 2007). Despite the suggestion that the HIV Law has the ability to supplant other laws, thereby minimising legal conflicts, rigorous monitoring to ensure that it has the functional capacity to operate unhindered will remain critical.
At the time of key informants interviews, considerable hope surrounded the yet to be finalised Decree that would provide terms and directives for the implementation of the HIV Law. On 26 June 2007, the Decree was approved and signed by the Prime Minister of Vietnam, and included statements on the implementation of harm reduction interventions, specifically sterile syringe distribution and treatment of opiate dependency with pharmacotherapy (Ministry of Health and Department of Legislation 2007). The Decree also outlines the rights and responsibilities of outreach workers who directly participate in harm reduction interventions, including the provision that outreach workers are not to be considered as violating the law when distributing sterile syringes and needles.

Whilst internationally establishing NSPs has often been a controversial form of harm reduction intervention (Wodak 2006), the Decree clearly states its support for the distribution of free sterile needles and syringes to IDUs. Endorsement of NSP is further enhanced with the instructions that the ‘people’s committees and police agencies at all levels must create favourable conditions for programmes and projects to expand their needle-and-syringe exchange network in their respective areas of jurisdiction’ (Ministry of Health and Department of Legislation 2007). The Decree adds clarity of purpose for all sectors to support the implementation of measures to prevent the transmission of HIV infection.

Whilst NSP currently operates only in areas of high HIV prevalence among drug users (International Harm Reduction Development 2006), there are many pharmacies selling syringes to IDUs (Pankonin et al. 2008). As a result, it can be suggested that NSP is only established in response to episodes and outbreaks of HIV rather than as a comprehensive HIV prevention tool. Given the already high prevalence of HIV in many parts of Vietnam, following this strategic model makes the potential for further epidemics of HIV infection among drug users likely.

The importance of monitoring and evaluating all harm reduction interventions in order to ensure that programmes are able to achieve identified aims and objectives requires greater emphasis. Training programmes in monitoring and evaluation should be a high priority so as to enable improvements in knowledge, skills, action and the technical capacity to measure the impact of harm reduction interventions targeting drug users.

Interviewees expressed a renewed interest in MMT programmes that involved a protocol for methadone treatment, including procurement, distribution and management. In April 2008, Vietnam’s Ministry of Health approved the piloting of MMT in Hai Phong in northeastern Vietnam and Ho Chi Minh City in the south. This programme will be integrated into various existing services, such as voluntary counselling and testing, peer support groups and other prevention, care and treatment interventions. If these programmes are shown to be successful, it is hoped that the scaling up of MMT to other provinces in Vietnam will follow (Family Health International 2008).

The foundation for increased collaboration between the various sectors (especially public health and law enforcement) in addressing drug use and HIV has been established at both the national and some provincial levels, as reflected in the signing of the HIV Law by the National Assembly. However, more, ongoing advocacy efforts are required in order to further cement these collaborative relationships and ensure greater understanding between the sectors.
Drug users inside 06 centres have been confined as a result of judicial or police action, as well as family and community referrals. In 2006, there were 83 government run 06 centres nationwide, and it was reported that they had treated up to 140,000 drug users over 5 years (Khu et al. 2006). Some interviewees advocated for 06 centres as a harm reduction intervention, despite official rates of recidivism following discharge at 70–80% (Khanh 2000, Devaney et al. 2006, Khu et al. 2006), and HIV prevalence rates of 30–50% within these confined settings (Khanh 2000, Morrison and Nieburg 2006).

Further compounding these problems, a recent economic and public health analysis of some 06 centres found that current investment in such settings will continue to rise exponentially, prove costly, and result in minimal improvement in outcomes in terms of either reduction of drug use or HIV prevalence among drug users (Health Policy Initiative and Department of General Social Evils Prevention 2006). There is an urgent need to explore alternative approaches and to seriously consider the suggestions of community-based responses that could facilitate the development of community support groups and community care projects for drug users (Health Policy Initiative and Department of General Social Evils Prevention 2006).

In 2007, external health funding in Vietnam was small, representing only 2.3% of total health spending. However, in the area of HIV, the major international donors in 2006 were a dominant force, implementing around 121 projects nationwide and representing between 80 and 90% of total HIV funding (Martinez 2008). It is possible that in the coming years international funding could be sharply reduced as Vietnam moves towards middle income status. Under these circumstances many drug users currently receiving harm reduction services could be left out and thus at increased risk of HIV infection. In a country where the HIV epidemic is steadily rising, and with IDUs accounting for the highest HIV prevalence rates at 33% in 2008 (Martinez 2008), it will be important to ensure gains made from harm reduction interventions will not be reversed. It will be critical for the international donor community to undertake ongoing advocacy efforts to ensure that the Vietnamese government sharply increases their financial investment in and commitment towards various harm reduction interventions, in order to improve responsibility for the overall HIV problem and serve the needs of Vietnamese drug users.

In conclusion, Vietnam has witnessed a major shift towards the acceptance and implementation of harm reduction programmes. The challenges ahead have been clearly identified and representatives from all sectors have expressed several approaches for the way forward. With appropriate technical education and training, ongoing advocacy, and a cohesive, coordinated multi-sectoral effort, the capacity of the government and community to adopt, support and promote measures to reduce HIV and other drug-related harm will be markedly strengthened.

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